

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000001259

FILED
Apr 09, 2009
Secretary of State

Entity Name: CLIENT NETWORK SERVICES, INC.

Current Principal Place of Business:

702 KING FARM BLVD., 2ND FLOOR
ROCKVILLE, MD 20850

New Principal Place of Business:

Current Mailing Address:

702 KING FARM BLVD., 2ND FLOOR
ROCKVILLE, MD 20850

New Mailing Address:

FEI Number: 52-1872098

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS ST.
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CP () Delete
Name: CHATTERJEE, BISHWAJEET
Address: 11301 PALATINE DR.
City-St-Zip: POTOMAC, MD 20854

Title: VCST () Delete
Name: KANWAL, INDERPAL
Address: 10503 RIVERS BEND LANE
City-St-Zip: POTOMAC, MD 20854

Title: D () Delete
Name: AHMED, ADNAN
Address: 9902 WILLOW TREE TERRACE
City-St-Zip: ROCKVILLE, MD 20850

Title: D () Delete
Name: SINGH, REET
Address: 12213 SCARLET Tanager LANE
City-St-Zip: POTOMAC, MD 20854

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: INDERPAL KANWAL

CFO

04/09/2009

Electronic Signature of Signing Officer or Director

Date